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Les artisans canadiens au XVIII<sup>e</sup> siècle

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*Doing Good* is how hospital history should be written. From charitable institution to present-day corporate entity, the evolution of Toronto's General Hospital is placed within the broader political, economic and social settings of Upper Canada and Ontario over the last two hundred years. Physical changes, health care practices, and daily institutional challenges in the hospital's history are examined alongside external influences of religion, politics, philanthropy, education, ethnicity, technology, feminization, and the professionalization of medicine. Central to the story are the various groups of people — trustees, patients, doctors, health care students, university officials, scientists, government, business and the public — who at different times and in different ways influenced its growth and identity. J. T. H. Connor successfully melds individual hospital experiences with larger themes of public duty, institutional development, medical culture, and health care management in Canada.

The history of Toronto's General Hospital is divided into three sections. Part one examines the hospital's earliest years from the 1790s to 1856, the period when the idea of a hospital was first forwarded and later realized as a government-endowed charitable institution serving the city's poor sick. Understanding the context in which this hospital was formed is key: eighteenth-century colonial attitudes, frontier conditions in Upper Canada, approaches to sickness and health, the cholera epidemic of 1842, the existence of competing medical schools and the medical politics that affected administrative and clinical hospital decisions. Part two presents the period from 1856 to 1903, when the hospital as a public charity enjoyed increased government funding and new quarters. It was a time of reorganization, expansion and modernization for the hospital. Changes in operation, management and clinical activities included new construction, hospital mergers, increased bureaucratization, establishment of a nursing school, new medical technologies and laboratory equipment. The number of hospital staff, nurses, physicians, medical students and patients increased substantially; hospital care and treatment reportedly improved. Caring for a predominantly working-class patient population, hospital practitioners set fractures, cut out cancers, sutured lacerations, treated lead poisoning with mercury, applied a regimen of heat and irritation to chest diseases such as pneumonia, pleurisy and bronchitis, isolated smallpox cases, as well as ministered to a myriad of other medical conditions.

In part three, covering the years from 1904 to 2000, Toronto's General Hospital was transformed into a major academic hospital as a result of its new relationship with the Faculty of Medicine at the University of Toronto. The rebuilding and relocation of hospital facilities followed, including new private patients' quarters, modern research laboratories and spacious teaching theatres. Joseph Flavelle, millionaire-businessman, philanthropist, and hospital board member (including a term as chair), is credited for the successful management of the hospital during this remarkable time of change and growth. In this period, new treatments and technologies, such as insulin, radium therapy, dialysis, and cardiac surgery successes, contributed to the public's rising hope and confidence in curative medicine. With the passage of the Hospital Insurance and Diagnostic Services Act (1957) and later the Medical Care Act (1966), the state regulate equal access to hospital and medical treatment, and erased the division between private paying patients and public charity cases. Reduced government funding of health care in the 1980s soon made cost-containment the issue for hospital administrators. In the closing decades of the century, mergers and restructuring altered the provision and management of hospital care once again. Today, Toronto's General Hospital is one of three hospitals in a corporate entity, the University Health Network.

Throughout its history, the mandate of this hospital — to “do good” — remained constant, adapting to prevailing social, religious, fiscal, medical, technological and governmental positions. Connor concludes that what held it together through “its formations as private charitable institution, public charity, business organization, and temple of high-technology medicine” was the “constructive tension” between the various groups of people involved in ensuring its continuity (p. 256). This tension is well presented, as Connor spends much time delineating the power and interests of trustees, the competition among physicians, and the role of government and business in the evolving management of health care. The role of the public, patients and voluntary lay organizations involved with the hospital in effecting change or altering lay attitudes to hospital treatments is less clear. To what extent did patients or voluntary hospital groups fuel or dispel accounts of filthy hospital conditions, rumored body-snatching, perceived medical experimentalism, among other things? In regards to the “constructive tension” at Toronto's General Hospital, would other evolving institutions not be experiencing similar power negotiations among various group interests (for example, how does it compare to that other large urban hospital in Canada – the Montreal General

Hospital)? This reader also expected greater discussion of the changing use of space inside the hospital as reflective of changing practices of medicine and public desires. How did it structurally accommodate new technologies, modern operating theatres, birthing and bereavement settings?

These are quibbles. This study is well written, thoughtful and meticulously researched, particularly given the scarcity of this hospital's records. Trustee minutes are about all that remain in terms of institutional documents before 1965. Connor turned to a variety of other sources — medical journals, government records, the medical and popular press, published and unpublished papers of physicians, administrators, societies and others — in order to present this rich 200-year portrait of hospital activities and changes. Lastly, do not let the author's comments about completing this project in two years suggest that this study lacks depth or insight; this work reflects the knowledge and understanding of a scholar who has spent nearly two decades working in the field.

This is a superb book. Hospital histories are plentiful, but few are as engaging and contextualized as this one. For scholars and others interested in the history of Canadian medicine, *Doing Good* is required reading.

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